


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # L02000005940**

1. Entity Name  
**ARCHITECTURAL STONE, LLC**



Principal Place of Business <b>3501 N.W. 115 AVE.          DORAL, FL 33178</b>	Mailing Address <b>3501 N.W. 115 AVE.          DORAL, FL 33178</b>
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**DO NOT WRITE IN THIS SPACE**



01102007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>76-0716371</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MARIUTTO, MICHAEL  
 3501 N.W. 115 AVE.  
 DORAL, FL 33178**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Michael P. Pault*      DATE: 1/11/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

UD00000588167  
 01/17/07-80061-014 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIUTTO, MICHAEL 3501 N.W. 115 AVE. DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONGEN, KAREN 3501 N.W. 115 AVE. DORAL, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael P. Pault*      DATE: 1/11/07      DAYTIME PHONE #: (305) 718-5091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #